

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

			A Chapter 15)	RECEIVED	
	y i	PLEASE PRINT			
I. Name of Lobby	ist(s):	W. JOHN FUNK		OCT 3 1 2018	
II. Name of Lobby		NEW HAMPSHIRE DEPARTMENT OF STATE			
		GALLAGHER, CALLAHAN & 214 North Main Street, Con			
603-2	28-1181	603-226-3334	-	@gcglaw.com	
(Tele	ephone)	(Fax)		(Email)	
<u>OR</u>	(F	ions occurring in the month prior to the re	obyist Registration Form)		
unrelated to any pa		tions by the lobbyist (including the lobbying the lobbyin	st s tamily), or the lobbying	tirm fisted below which are	
IV. Date of Report	:	April 25, 2018 🗆	July 25, 201		
Reports cover:	activity	from date of registration to 3/31/18	activity from 4/1/18 t	o 6/30/18	
		October 31, 2018 🗵	January 30,	January 30, 2019 🛚	
	activi	ty from 7/1/18 to 9/30/18	activity from 10/1/18	to 12/31/18	
	d, compl	received and no reportable transaction ete just this form and submit it to the Secre			
VI. Check if addit	ional re	ports are attached:			
☐ If you have rec	eived fee	es or made expenditures, you must file Ad	dendum A – Fees and Expe	enses	
☐ If you have paid Expense Reimbursen		orarium or reimbursed expenses, you mus	file Addendum B – Repor	rt of Honorariums or	

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

If you, your firm, or your family has made political contributions, you must file Addendum C - Political Contributions

(Signature of Lobby) W. JOHN FUNK (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

 Name of lobbyist's partner 	ership, firm or corporatio	n, if any:	
	GALLAGHER, CALLA	AHAN & GARTRELL, P.	C
	(Name of partnersh	ip, firm or corporation)	
II. Name of Client		Date	October 31, 2018
Political Contributions For each political contributi client/lobbyist and lobbying			paid on behalf of the
Full name of candidate:	Political Action Com	nittee: SUPPORTERS OI MOLLY	F MOLLY KELLY
run name of candidate	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of Contribution \$100.	00 Office Candidate is Se	eking GOVERNOR	
		<u> </u>	
	Political Action Comm	nittee:	
Full name of candidate:	Political Action Comm		
	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of Contribution \$	(Last Name)	(First Name)	,
Amount of Contribution \$ If the contribution is an in-kinactual cost of the in-kind contribution is an in-kind contribution is an in-kind contribution in the in-kind contributi	(Last Name) Office Candidate is S d contribution, provide a de	(First Name) Seeking escription of the goods or set	
Amount of Contribution \$	(Last Name) Office Candidate is Section of the line above for the word "estimate."	(First Name) Seeking escription of the goods or serence amount of contribution. I	rvices provided, and enter the f the actual cost is not known,
Amount of Contribution \$	(Last Name) Office Candidate is Section of the line above for the word "estimate."	(First Name) Seeking escription of the goods or serence amount of contribution. I	rvices provided, and enter the f the actual cost is not known,
Amount of Contribution \$	(Last Name) Office Candidate is Section on the line above for the word "estimate." Political Action Comm	(First Name) Seeking escription of the goods or serence amount of contribution. I	rvices provided, and enter the f the actual cost is not known,
Amount of Contribution \$ If the contribution is an in-kinactual cost of the in-kind contrenter an estimated value and the	(Last Name) Office Candidate is Section on the line above for the word "estimate." Political Action Comm	(First Name) Seeking escription of the goods or set or amount of contribution. I	rvices provided, and enter the f the actual cost is not known, (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."						
(If more than three contributions were made, report additional contributions on se	parate addendum C forms.)					
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or is true and complete to the best of my knowledge and belief.						
By: (Signature of lobbyist)	(Date)					
W. JOHN FUNK	, ,					
(Print Name of Lobbyist)						